Name in Full: Jane Teresa Anderson

Certificate of Death

Died at — Town: — County: Frederick MARYLAND

Date 1899 Month 10 Day 24 Age Y. 27 M. 11 D. 9 Native of Ireland Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower ~~Number of children~~ living

~~Husband~~ Wife: Daniel Edward Anderson

Father's Name: Luke Murray Mother's Name: Abigail Murray

Cause of Death: Primary 22a How long sick: Six Month

Immediate: Consumption Accident, Suicide, Homicide

OVER

Reported by: C. C. Carty Funeral Director

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

OVER

LIBRARY BUREAU, 79888

Attended by Dr. Goodell

of Frederick

Seen by Coroner

of

Information contained in this certificate was

obtained from Husband

of Mrs Anderson

Name In Full Ellen Balfe

Certificate of Death

Died at Town Emmitsburg County Frederick MARYLAND

Date 1899 Month 10. Day 24 | Age Y. 73. M. 8. D. | Native of U.S. | Occupation Religious

Male White yes Married no Widow Divorced

Female yes Colored Single yes Widower Number of children living

Husband of Wife

Father's Name Don't Know

Mother's Name 43

Cause of Death: Primary Softening of the Brain — How long sick Six months

Immediate Hemiplegia — Accident, Suicide, Homicide

Reported by John B. Browren

Address Emmitsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name In Full | Certificate of Death

Hugh M. Bannon

Died at Town Knoxville County Frederick MARYLAND

Date 189 9 Month Oct Day 19 | Age Y. 62 M. D. | Native of Ireland | Occupation Stone Cowver

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living none

Husband of Wife Mary Corey

Father's Name | Mother's Name 256

Cause of Death: Primary Cancer of Liver & stomach (3) | How long sick 2 mos

Immediate Hemorrhage | Accident, Suicide, Homicide

Reported by Levin West Frederick Co

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79808

Received Oct 30 1899
8 a. m

Name in Full Samuel Burall

Certificate of Death

Died at Town New London County Frank MARYLAND

Date 1899 Month 10 Day 7 | Age Y. 79 M. D. | Native of Frank Co | Occupation Retired Farmer

Male White Married Widow ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8

Husband of Wife —

Father's Name Adam Burall — Mother's Name Don't Know

Cause of Death: Primary Pneumonia — How long sick

Immediate Heart failure — Accident, Suicide, Homicide

Reported by J. O. Downey M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name In Full Louis G. Burdette

Certificate of Death

Died at ~~Town~~ Barnhart County Frederick MARYLAND

Date 189 9 Month 10 Day 26 | Age Y. 80 M. .. D. .. | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow Widower ~~Divorced~~ | Number of children living 8

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary Paralysis, 44 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Lw Downey MD,

Address New Market Md

Must be signed by physician, if any in attendance, otherwise ... coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full: Bertha Collins

Certificate of Death

Died at: Town: Walkersville County: Frederick MARYLAND

Date 189 9 Month Oct. Day 23 | Age Y. 9 M. 4 D. 3 | Native of Md. | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of Wife: 145 e

Father's Name: Jacob Collins | Mother's Name: Don't know.

Cause of Death: Primary: Killed by wagon | How long sick: 4 hours

Immediate: Arrangement here | Accident, Suicide, Homicide

Reported by: D. A. Sharette

Address: Woodsboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. John Nicodemus

of Walkersville, Md.

Seen by Coroner _____

of _____

Information contained in this certificate re-

ceived from D. A. Shanette,

of Woodsboro

Md.

Name in Full

Leslie Reginal Crum

Certificate of Death

Died at Town Mt. Pleasant County Frederick MARYLAND

Date 1892 Month 10 Day 31 | Age Y. 3 M. D. 3 | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~

Father's Name Solomon Crum

Mother's Name Alice Hahn

Cause of Death: Primary Pneumonia 72

Immediate

How long sick 6 days

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by A. H. Leib

Address Mt. Pleasant Frederick Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Joseph A Flohrer

Died at Town: Emmitsburg County: Frederick MARYLAND

Date 1899 Month: Oct Day: 5th | Age Y. 34 M. D. | Native of Maryland | Occupation Painter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 2

Husband of Wife Margaret A Boyle

Father's Name Francis Flohrer | Mother's Name Sophia Guckie

Cause of Death: Primary Phthisis 22a | How long sick August

Immediate | ~~Accident, Suicide, Homicide~~

Reported by Robert L. Annan M. D.

Address Emmitsburg Frederick Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Ann Rebecca Fink

Certificate of Death

Died at Town Middletown County Frederick MARYLAND

Date 1899 Month Oct Day 14 Age Y. 71 M. 11 D. 10 Native of Maryland Occupation housework

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of John D Fink

Father's Name Israel Remsburg Mother's Name Dont Know

Cause of Death { Primary General Debility 1141 How long sick 8 days

Immediate Paralysis ~~Accident, Suicide, Homicide~~

Reported by E L Bickley M D

Address Middletown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85868

Name in Full

Certificate of Death

Joseph A. Fohnen

Died at Town Emmittsburg County Fred MARYLAND

Date 1899 Month Oct Day 5 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary Phthisis 22a | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Robert L. [illegible] M.D.

Address Emmittsburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 19

Age

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70000

Name in Full Mary Catharine Goldsborough

Certificate of Death

Died at Town Frederick County Fredk MARYLAND

Date 189 9 Month 10 Day 1 | Age Y. 71 M. 11 D. 24 | Native of Md | Occupation —

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living 83

Husband of Wife

Father's Name Ed Y. Goldsborough

Mother's Name Margaret Sebley

Cause of Death Primary Gastro-Enteritis

Immediate

How long sick two weeks

Accident, Suicide, Homicide

Reported by Wm Crawford Johnson MD

Address Fredk Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

McCemely

Oct 5th

C. C. Carty

Name in Full

Minnie A. Grumbine

Certificate of Death

Town

Died at Frederick

County

MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1899 Oct 10 Age 18+

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living

~~Husband~~ Wife of Charles Grumbine

Father's Name

Mother's Name

Cause of Death { Primary Typhoid Fever. / Immediate (Relapse) (Peritonitis) } How long sick 5 weeks

Accident, Suicide, Homicide

Reported by J. H. McCurdy

Address (Made one visit only)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Catholic Cemetery
Oct 12 1899
C C Carey

Name In Full

Certificate of Death

Lydia · Cloud Heater.

Died at Town: Buckeystown County: Frederick MARYLAND

Date 189 7 Month: 10 Day: 3 | Age Y. 87 M. 2 D. | Native of Md. | Occupation House-wife.

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ ~~Divorced~~ | Number of children living 3

~~Husband~~ Wife of Elbert Heater (deceased)

Father's Name | Mother's Name

Cause of Death: Primary — Pneumonia (Lobar) — How long sick 5 days

Immediate — 12 — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by T. Clyde Poulson, M. D.

Address Buckeystown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70809

Name in Full: May Herring

Certificate of Death

Died at: Town: Frederick County: do MARYLAND

Date 1899 Month: Oct Day: 2 Age Y. M. D.: Still Born Native of: Frederick Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of: —

Father's Name: J. B. Herring

Mother's Name: Virginia E. Bengle

Cause of Death: Primary: Maternal Albumenuria

Immediate: Anaemia

Still

How long sick: —

~~Accident, Suicide, Homicide~~

Reported by: L. A. Buck

Address: 17 Eagle St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Mary Hill

Certificate of Death

Died at Town Brunswick County Frederick MARYLAND

Date 189 Month 9 Dey Oct 5 Age Y. 0 M. 7 D. 15 Native of Md Occupation —

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living —

~~Husband~~ ~~Wife~~ of

Father's Name Henry Hill Mother's Name Bettie S. Brookes

Cause of Death: Primary Meningitis 82 How long sick 7 days

Immediate " Accident, Suicide, Homicide

Reported by Levin Hill

Address Brunswick Md

Must be signed by physician, if any in attendence, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Received 10-7-99
12 30 a m

Name in Full — Certificate of Death

Nellie Emma Viola Holmes

Died at — Town: Wernton — County: Frederick — MARYLAND

Date 189 9 — Month: 10 — Day: 5 — Age: Y. 14 M. 18 D. — Native of: Md — Occupation: child

~~Male~~ / Female — White / ~~Colored~~ — Married / Single — ~~Widow~~ / Widower — ~~Divorced~~ / Number of ~~children~~ living

~~Husband~~ / ~~Wife~~ of

Father's Name: James E. Holmes — Mother's Name: Sarah E. Downes

19

Cause of Death — Primary: Malarial Fever with — How long sick: 2 Mos

Immediate: Heart involvement & Liver — ~~Accident, Suicide~~, Homicide

Reported by: Levin West

Address: 13 Brunswick Frederick Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Received Oct 30 1899
8 a m

Name in Full Wm Hert

Certificate of Death

Died at Town Near Bolivar County Frederick MARYLAND

Date 189 9 Month Oct Day 11 Age Y. 71 M. 0 D. 5 Native of Md Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of Sarah Catharine Baer

Father's Name Henry Hert Mother's Name Mary Hert

Cause of Death Primary General Debility of Age 141 How long sick several years

Immediate Heart failure Accident, Suicide, Homicide

Reported by E L Beckley M D

Was not attending her regularly - last visit 5 days previous to death.

Address Middletown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Hanson Thomas Jackson.

Certificate of Death

Died at: Town: Continental County: Frederick MARYLAND

Date 1899 Month: Oct. Day: 4 | Age Y. 65 M. 3 D. 0 | Native of: Md. | Occupation: Farmer

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living 7

Husband / Wife of: Josephine Jackson

Father's Name: Don't know | Mother's Name: Don't know

Cause of Death: Primary 161 | How long sick 1 day

Immediate: Spasm of bowels | Accident, Suicide, Homicide

Reported by: D. A. Spinelle

Address: Woodsboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Attended by Dr. R. L. Hammond

of Westminster Md.

Seen by Coroner

of

Information contained in this certificate received from M. L. Hawks

of Westminster

Md.

Name in Full

Thomas Kline

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month Oct Day 13 | Age Y. — M. — D. — | Native of Frederick | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 0

Husband / Wife of —

Father's Name Chas. J. Kline

Mother's Name Mary K Young

Cause of Death — Primary: Prolapsed of Cord — How long sick —

Immediate: Asphyxia Still — Accident, ~~Suicide, Homicide~~

Reported by Sabinek

Address 17 E 2nd St Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55968

Interment - Mt Olivet -

Oct 14, 99

Name in Full Isaac Loud.

Certificate of Death

Died at Town New Market County Frederick MARYLAND

Date 1899 Month 10 Day 21 Age Y. 75 M. D. Native of Md Occupation Laborer

Male ~~Female~~ ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 4

Husband of Wife —

Father's Name — Mother's Name —

Cause of Death: Primary Pneumonia — 72 How long sick 8 days

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by J W Downey MD

Address New Market Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name In Full

Certificate of Death

Laura Virginia Lyles

Died at Town Near Bolivar County Frederick MARYLAND

Date 189 9 Month Oct Day 31 | Age Y. 40 M. 4 D. 14 | Native of MD | Occupation housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living None

~~Husband~~ Wife of William Lyles (of Ohio)

Father's Name David Cormail | Mother's Name Eliza (Smith) Cormail

Cause of Death: Primary Pulmonary Tuberculosis 2 yrs | How long sick 6 Months

Immediate | ~~Accident, Suicide, Homicide~~

Reported by Wm H Mock (undertaker)

Address Middletown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Schildknecht

of Burkittsville Md.

Attended by Dr. _____

of _____

Information contained in this certificate received from family & Md. Physician

of _____

Name in Full: John Hanshew Markey

Certificate of Death

Died at: Town Fredk County Fredk MARYLAND

Date 189 9 Month 10 Day 18 Age Y. 64 M. 7 D. 26 Native of Md Occupation Merchant

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 4

Husband of Wife: Ida M. Willard 132

Father's Name: John Markey Mother's Name: Susan Beatz

Cause of Death: Primary Esteo-Malaria How long sick 9 months

Immediate Exhaustion Accident, Suicide, Homicide

Reported by: Dr Wm Crawford Johnson

Address: Fredk Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full: Loloman Henry Michael

Certificate of Death

Died at — Town: Myersville — County: Frederick Co. — MARYLAND

Date 1899 — Month: 10 — Day: 18 — Age: Y. 46 M. 7 D. 29 — Native of: Md. — Occupation: Farmer

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ ~~Number of children living~~ 3

Husband of Wife: Amda Laura Michael

Father's Name: James Michael — Mother's Name: Mary E. Michael

Cause of Death — Primary: Compound fracture and Internal injuries — How long sick: 4 days.

Immediate: Septicaemia, 143 — Accident, ~~Suicide, Homicide~~

Reported by: Ralph Browning M.D.

Address: Myersville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Nellie Catherine Shelton

Town — County

Died at — Frederick — MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
	10	3	infant				

~~Male~~ Female — White ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living

Husband of
Wife

Father's Name: Chas Shelton — Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by: Brunswick Herald ~~X~~ 10-6.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mary Alice Taylor

Died near Town Emmitsburg County Frederick MARYLAND

Date 1899 Month Oct. Day 9 | Age Y. 79 M. D. | Native of Md. | Occupation Housekeeper

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name James Taylor

Mother's Name Ann McCann

Cause of Death: Primary 42 | How long sick 3 or 4 hours

Immediate Apoplexy | ~~Accident, Suicide, Homicide~~

Reported by Robert L Annan M D

Address Emmitsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Ruth Thompson

Certificate of Death

Died at Frederick (Town) Frederick (County) MARYLAND

Date 189 9 Month Oct Day 1

Age Y. 1 M. x D. x

Native of Frederick

Occupation x

~~Male~~ Female

~~White~~ Colored

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband of x

Wife x

Father's Name Samuel Thompson

Mother's Name Nora Thompson

Cause of Death: Primary Pneumonia 72

Immediate Spasms

How long sick 4 days

~~Accident, Suicide, Homicide~~

Reported by W. A. Long

Address 45 S Market Street Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 8966

Interment Act 2d

" Greenmount

A. F. Rice Sons

Name in Full: Catherine Walling

Certificate of Death

Town: Frederick County: Frederick

Died at: MARYLAND

Date 1899 Month: 10 Day: 15 Age: Y. 76 M. 2 D. 14

Native of: Occupation:

~~Male~~ / Female

White / ~~Colored~~

Married / Single / Widow / ~~Widower~~

~~Divorced~~

Number of children living: two

~~Husband~~ / Wife of: Henry J. Walling

Father's Name: Samuel Fleming

Mother's Name: Harriet Hughes

Cause of Death: Primary: General Debility

Immediate: Pulmonary Oedema

How long sick: one week

~~Accident, Suicide, Homicide~~

Reported by: Wm Crawford Johnson

Address: Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65988

McCarthy
Oct 17
C. C. Carty

Name In Full

Certificate of Death

Luther Warrenfelty

Died at Town Wolfsville County Frederick MARYLAND

Date 1899 Month Oct Day 29 | Age Y. 49 M. 3 D. — | Native of Wolfsville | Occupation Teacher

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5

Husband of Wife Mollie Wolf

Father's Name John Warrenfelty Mother's Name Jane McGander

Cause of Death Primary Manaporchia How long sick Three Weeks

Immediate Drunkness 34 Accident, Suicide, Homicide

Reported by James A Grove

Address Wolfsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

OVER

LIBRARY BUREAU. 79898

Attended by Dr. A. J. Smith

of Wolfville N.d.

Seen by Coroner

of

Information contained in this certificate received from Mollie Wasson Petty

of Wolfville N.d.

Name in Full: Lavinia Young

Certificate of Death

Died at — Town: Fredk — County: Fredk — MARYLAND

Date 189 9 — Month: 10 — Day: 2 — Age: Y. 85 — M. — D. — Native of: Md — Occupation: —

Male — White — Married — Widow — Divorced

Female — Colored — Single — Widower — Number of children living: 2

Husband / Wife of: Paul Young — 57

Father's Name: Walker — Mother's Name:

Cause of Death — Primary: Mitral Insufficiency Heart — How long sick: 2 years

Immediate: Oedema Lungs — Accident, Suicide, Homicide

Reported by: Dr Wm Crawford Johnson

Address: Fredk Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Joseph Zellus

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month Oct. Day 8 | Age Y. 73 M. 10 D. 9 | Native of Germany, | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | Divorced | Number of children living 3

Husband of Wife

Father's Name

Mother's Name 57

Cause of Death: Primary Fatty degeneration of heart — How long sick 14 months

Immediate obstruction of bowels — Accident, Suicide, Homicide

Reported by F. F. Smith

Address 40 East 2d Street

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 58968

F. Schroeder

St. Johns Cemetery

Name in Full — Certificate of Death

Zimmerman

Born. Town Frederick County

~~Died at~~ MARYLAND

Date 1899	Month 10	Day 12	Age Y. M. D. —	Native of U.S.	Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of X

Father's Name S. Joseph Zimmerman Mother's Name Florence Zimmerman

Cause of Death: Primary Anencepalous — still

Immediate Foetus

How long sick —

~~Accident, Suicide, Homicide~~

Reported by Franklin Buchanan Smith

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998